

## **Group Settings for Youth in Out-of-Home Care**

Community Meeting  
BMCW Region 2 Offices  
August 24, 2006

The following questions were asked by the audience:

- 1. Are BMCW & Lutheran Social Services aware that group homes provide all the services they are looking for now?**
  - A. The BMCW and LSS have worked with many of the group homes and know the services they provide. The request for proposals is being issued because BMCW is looking for specialized programs that meet the needs of particular populations, not because of dissatisfaction with the current providers.
- 2. If an adolescent is currently in a group home as of January 2007, where will the youth go? Do you plan to take an adolescent out of a group home, which he/she may have been in for a year and a half and that may be his/her home?**
  - A. Once the contracts are awarded, the BMCW will create a transition plan on a case-by-case basis. Certainly, if a placement is working for a youth, we would not want to disrupt that placement.
- 3. Is the BMCW using these settings to help adolescents with a variety of lifestyle choices?**
  - A. The BMCW needs to provide services to youth from diverse backgrounds with diverse lifestyles. We look for settings that are supportive and staff who enjoy working with youth, understand the developmental stages of adolescence, and are culturally competent with different ethnicities, cultures, and lifestyles.
- 4. Are the types you listed the only types of settings you are looking for, or if someone sees another need, could that be looked at?**
  - A. Our youth have many needs. If an agency identifies a need that is not listed in our eight, certainly we are open to a proposal addressing that particular population. For example, you may want to work with those older youth who are 17 and help them transition into independence at 18.
- 5. Because a driver's license is important to getting work, is there a way we can ensure this is part of the service provided to youth in foster care?**
  - A. Providing independent living skills will be part of the requirements for all settings. The expectation is that these skills are taught as part of daily life in the setting, just as they are taught by parents in a family home. There is latitude in how such programming will be designed.



Providing access to driver's education may be part of the services an agency can arrange to have provided to the youth. There is an insurance issue involved and providers should speak with their insuring agent before offering this programming if it involves having the youth drive an agency vehicle.

**6. Youth who are chronically AWOL present a challenge. Can street outreach to locate and work with the youth who is running away be funded under this effort?**

A. We are especially looking for creative approaches in working with this group. Whatever services agencies can identify to keep them safe and engage them in programming can be part of your proposal and be funded. This includes street outreach.

**7. The RFP will be addressing a small number of kids not having their needs met.**

- Are there any statistics regarding those “not met needs”?
- Are there statistics on those “successfully met needs”?
- How is success of adolescent in group home setting defined?

A. The BMCW has not asked group homes to report on outcomes in the past, but will be doing so as a contractual requirement in this RFP. We will then have a better sense of which children are succeeding and in what settings.

We do know that placement instability is high among some of our youth, with the latest Settlement Agreement report showing that there are currently 633 children who have been in four or more placements. Of this 633, 428 are 12 years old and older. We also know that we have problems engaging with particular youth who are resistant to foster care and become the group of chronically AWOL. We know that we have youth with drug and alcohol dependency and that it is not good to mix this population with the general youth in care. We also know teen mothers have very special concerns and need a different type of support.

We know that substance abuse and domestic violence have been part of the family culture for many of our youth. This needs to be addressed by programming that can help them identify familial patterns and grow beyond them, while at the same time building healthy relationships with family members if the permanency plan is reunification.

We have many sexually active youth who could benefit from abstinence education and reproductive health information, and programming that helps them examine the positive and negative aspects of their interpersonal relationships.

**8. It seems like we need to have “success” defined. Will there be identifiable benchmarks of success? Can we have clear guidelines of what would be “successful”?**

A. The Guiding Principles we spoke of (see handouts or PowerPoint), identify the BMCW's philosophy for the out-of-home care of youth. They include safety, which is paramount for youth because they are able to move about on their own and are subject to the dangers of an urban environment. Well-being is provided by adults who are good role models who nurture and guide the youth, and who can engage them as parental figures at a time



in the child's life when they may be rebelling against the parent. Finally, settings must assist with permanence, which in most cases will be family reunification.

Success in each of these specialized program areas will be measured by engagement with the youth and other means that will be detailed in the RFP and in the proposals.

**9. Would it be beneficial to try and track which programs are now successful and in which the teens are thriving?**

What we do know at this time is that placement stability and programming for youth, especially those with the needs we mentioned, must be improved. This is not to say our current providers are not doing a good job. We just need to open ourselves to new approaches and more specialized programming.

**10. What about a 17 ½ years old, caught in this transition, what happens if the group home is not selected as a part of this RFP.**

A. See question 2.

**11. Some programs/services will cost more than others. Will there be a provision for this?**

We understand that providing certain services, such as the care of young mothers with babies, may cost more than other services. Your budgets should be created to reflect your anticipated costs for the services you are offering with justification for the proposed budget.

**12. Could there be varying rates dependent on the program(s)?**

A. There will be detailed budget guidelines in the RFP.

**13. Will there be a start-up phase?**

A. Yes, there will be time for you to get your programs and staff in place.

**14. How many contracts will be awarded? How does capacity figure into the number of contracts?**

A. This will depend on the type and number of proposals we receive. We know the number of youth that we generally need to place and their needs. (See handouts or PowerPoint). We do not know how many agencies will respond, especially because we are asking for new approaches. For example, we may receive proposals for group foster homes for four or fewer children. This would increase the number of agencies we need to contract with.

The number of contracts we award will meet our anticipated needs in each of the specialized program areas, as well as the need for general group settings, but not exceed



it by much since we would like to ensure those with contracts do get children placed there. At this time, the capacity far exceeds need.

**15. How will the BMCW determine the processes taking place within these programs?**

- A. Different entities monitor for different purposes. The Bureau of Regulation and Licensing (BRL) monitors licensing issues. First Choice for Children monitors general quality and programmatic compliance. Program evaluation managers monitor programmatic compliance and the contract specialist monitors for contractual compliance.

**16. Will the RFP take into consideration the high cost of programming, bed capacity needed vs. the number of providers, and the funding flexibility to purchase “emergency beds?”**

- A. The RFP will address these issues. We have identified the bed capacity as about 106, divided into the categories discussed. Currently, the number of beds far exceeds the need. Providers may continue to contract with other counties, but will not receive children from the BMCW if they do not win a contract. The final contracted bed capacity will cover emergency beds.

**17. What has the BMCW done to research:**

- **How we failed?**
- **Why we need to go in this direction?**
- **What’s wrong with what we have?**

- A. Again, this initiative does not in any way indicate dissatisfaction with the services we have received from current providers. We have identified specific needs of our youth and need to provide programs to meet those needs. Our current programs are not specifically tailored to the population we serve.

**18. The last time we met, 76% of the agencies providing out-of-home care were African American. Will the contracts be reflective of diversity?**

- A. Cultural competency is stressed throughout the BMCW and should be addressed in your proposal. We want our professional staff to reflect the positive aspects of the cultures and lifestyles of the families we serve.

The State of Wisconsin has a Minority Business Enterprise Policy. Minority ownership is taken into account when the proposals are reviewed. For details see State of Wisconsin, Bureau of Procurement Vendor Net at <http://vendornet.state.wi.us/vendornet/procman/prod1.asp>

**19. Regarding staff training and crisis stabilization: Is there a way that you will be monitoring things such as specialized training? Engagement? Decrease behavioral risks?**

- A. Some of these issues will be addressed in the RFP. We would anticipate you will address



others in your proposal. For example, if your staff has specialized training or experience in dealing with a particular population, your proposal should reflect this.

- 20. If 40% of the substantiation reports are regarding sexual abuse, and it was said that a high number of teens come into child welfare mostly by neglect, can you shed any light on neglect vs. sexual abuse as reflected?**

All children involved in cases of substantiated child abuse do not go into out-of-home care. The abuse may have taken place outside the home or have been perpetrated in the home by someone who does not live there. If the parent can protect the child from the abuser in the future, the child would not be removed from the home. Such cases would not involve a CHIPS order. Thus, substantiated reports are not proportionally related to the reasons children enter out-of-home care.

- 21. The current numbers show that there are 1,200 adolescents ages 12 and older in out-of-home care. You are asking for approximately 106 beds, through the proposed upcoming RFP. What do we do with the rest of these kids?**

Group homes are considered “higher level of care,” which means they are meant for children who, for whatever reason, do not do well in a foster family setting. Our first choice for children, including youth, is to place them with foster families. The majority of youth in out-of-home care are in foster homes or with non-licensed relative care givers.

- 22. Is the BMCW looking into independent living, and asking why parenting is not offered to all kids? Why is the male population excluded from preparing a parenting teen?**

- A. That is a good suggestion and the BMCW would be open to programming for teen fathers and programs addressing parenting with youth who are not yet parents. This fits well with programs addressing interpersonal relationships.

- 23. Is the number of 106 beds you presented planning for an increase over the current need of 75 beds?**

- A. The 106 is an estimate based on past need in each specialized area and the need for gender specific programs.

- 24. Has the BMCW considered that the problem is not the group homes but in other contracted services?**

- A. Again, this change is not taking place because of dissatisfaction with current services, but because of identified needs.

- 25. This is only adolescents ages 12 through 19 years of age. Could we only work with adolescents ages 17 to 19 years old?**

- A. BMCW is open to an assortment of settings and to working with identified groups.



- 26. Will the BMCW phase out the Independent Living program through Lad Lake, etc. if offered in group living?**
- A. The Lad Lake program serves another purpose. It focuses on community resources for youth who have left or are getting ready to “age out” of the foster care system. The contract will continue.
- 27. In a transitional living facility serving 18 -19 year olds, there is no licensing criteria connected. Will this RFP require you to have BRL license as a group home that gives an exemption to have 18 & 19 year olds in the facility?**
- A. You will need to meet BRL group home licensing requirements and ask for exemptions.
- 28. If a child is court-ordered into a facility and the facility is not contracted with the BMCW, how will that be handled?**
- A. Such a case will be handled on an individual basis taking into account what is in the best interest of the child and the court order. The BMCW will provide the list of contracted organizations and descriptions of the group settings and programs they offer to the judges at Children’s Court.